

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 033 ***150.00

DOCUMENT # F02000003508

1. Entity Name
CHARTONE, INC.



Principal Place of Business
**3 NEW ENGLAND EXECUTIVE PARK
SUITE 200
BURLINGTON, MA 01803**

Mailing Address
**3 NEW ENGLAND EXECUTIVE PARK
SUITE 200
BURLINGTON, MA 01803**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3360691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **~~ACKERMAN, JOEL~~ MARVIN CADWELL**
STREET ADDRESS **3 NEW ENGLAND EXECUTIVE PARK**
CITY-ST-ZIP **BURLINGTON, MA 01803**

TITLE **P**
NAME **CAHILL, BRIAN**
STREET ADDRESS **3 NEW ENGLAND EXECUTIVE PARK**
CITY-ST-ZIP **BURLINGTON, MA 01803**

TITLE **ST**
NAME **ABATJOGLOU, GEORGE**
STREET ADDRESS **3 NEW ENGLAND EXECUTIVE PARK**
CITY-ST-ZIP **BURLINGTON, MA 01803**

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Abatjoglou

Date

2/20/06

Daytime Phone #

617-648-4725